Insights Hospital Profile

McKay-Dee Hospital Center

The tradition of caring and quality service has carried through from the original Dee Memorial Hospital, built in 1909, to the new McKay-Dee Hospital Center, which is being expanded to enhance intensive and critical care services.

McKay-Dee Hospital Center has come a long way since Annie Taylor Dee broke ground for the Dee Memorial Hospital in 1909. The 40-bed Dee Memorial has evolved into the 370-bed McKay-Dee Hospital Center.

The original Dee Hospital was built by Annie Taylor Dee as a memorial to her husband and son. That first year, 1911, hospital personnel treated 895 patients, performed 481 operations and delivered five babies. Mrs. Dee paid for the births personally to encourage women to deliver babies in the hospital so student nurses could be trained.

In 1915 the Dee family decided it could no longer maintain the expense of running a hospital, so the Church of Jesus Christ of Latter-day Saints agreed to assume responsibility for the facility, making it the second hospital in the church's hospital system.

The Dee School of Nursing graduated 700 nurses between 1911 and 1955 when it was phased out. Since 1955 Weber State College has assumed the classroom training of nurses and the Dee Hospital was used to provide student nurses with clinical experience.

Times and medical needs changed. By the 1960s it became apparent that no amount of remodeling would enable the hospital to accommodate the medical needs of the community, so plans were drawn to build a new hospital, which was completed in 1969.

The new hospital was named after David O. McKay, then president of the LDS Church. The old Dee Hospital was maintained as a rehabilitative and convalescent hospital until 1971 when the new Dee Hospital was built adjacent to the McKay Hospital. The facility then became known as McKay-Dee Hospital Center.

McKay-Dee has two firsts to its name. It was the first hospital in Utah and the second hospital in the United States to have an emergency department staffed 24-hours a day by emergency room physicians. It was also the first hospital in Utah to have its own psychiatry division.

In 1971 the hospital established a family practice residency which ended an intern program that began in 1912. The Porter Family Practice is affiliated with the University of Utah.

A heliport was constructed and the first open heart surgery was performed at the hospital in 1971.

In 1975 McKay-Dee became part of Intermountain Health Care, Inc., when the LDS Church divested its hospital properties. In 1981 an annex to house the Stewart Rehabilitation Center was added to the hospital.

The history of McKay-Dee parallels the history of most hospitals in this country. They have continually remodeled, updated and changed to meet the changing needs of patients, physicians and to accommodate the advances of modern technology. So it is with McKay-Dee. It's latest construction project will provide for the technology of critical care medicine.

The $6 million critical care construction project is scheduled for completion in the summer of 1984. When construction is complete, the hospital will have an enlarged, updated intensive care unit, coronary care unit, newborn intensive care unit and stroke unit. It will also add an intermediate care unit to provide continuity of care through all phases of illness.

The hospital is changing to meet the financial and technological needs of the coming years. Procedures which previously were performed in hospitals are now performed on an outpatient basis, leaving the patients who require the most care to the hospitals.

McKay-Dee serves as a referral center for critically ill patients in northern Utah, southern Idaho and western Wyoming. It admits about 17,000 patients each year and last year over 3,600 babies were born there.

The hospital has added an outpatient surgery center and 40 percent of all surgeries performed at the hospital are performed on an outpatient basis.

The hospital also operates two outreach clinics, one in North Ogden and one in Layton, Utah. The North Ogden McKay-Dee Medical Clinic is open after regular office hours and operates as a satellite of the McKay-Dee emergency department. The Fairfield Clinic in Layton provides primary family health care to 900 patients each month. It is staffed by Porter Family Practice Residents.

HOSPITAL

One hundred twenty-two days later, Lindsay Montoya goes home.

● **MCKAY-DEE HOSPITAL CENTER** — Lindsay Montoya went home from McKay-Dee Hospital Center Dec. 29, 1983, a healthy 6 lb. 10 oz. baby. She's a lucky baby, though she doesn't know it yet. Not many babies born 16 weeks early, as she was, survive.

Lindsay is the smallest, most premature baby to survive at McKay-Dee Hospital Center. Her birth Aug. 29, 1983, was followed by surgery when she was a week old and a 122-day stay in the hospitals's newborn intensive care unit. The tiny 1 lb. 7 oz. infant was so premature that her eyes were still fused at birth.

● **LOGAN REGIONAL HOSPITAL** — HomeCall, a hospital-based home health care program offered by Logan Regional Hospital, is now serving Cache, Rich and Box Elder Counties. Under physicians' directions, HomeCall professionals — including nurses, social workers, physical therapists and respiratory therapists — provide health care programs specifically planned to meet each patient's individual needs.

The Emergicenter

Insights Hospital Profile

Delta

Fillmore

Delta and Fillmore Community Medical Centers

It was May of 1984. The foundations had been laid for the new Delta and Fillmore Community Medical Centers.

"A caravan of trucks carrying what looked like several large building blocks rumbled down the highway," explains Roy Barraclough, administrator of the two hospitals. These modular blocks would soon become the new Delta Community Medical Center and the Fillmore Community Medical Center. The modules were built in Ogden, trucked to the sites, and then set on the concrete foundations by a large crane. "This type of construction saved us about 20 percent of traditional construction costs," says Barraclough.

Finally, on May 14, 1985, the new Delta and Fillmore Community Medical Centers were ready to host open houses for the surrounding communities. "People were amazed at the facilities," says Barraclough. "Some said they wanted to come stay here just for the fun of it. I told them they were more than welcome," he chuckles, "providing our patient load is down and they pay the normal rates." The new facilities officially began operation on June 18, 1985.

"The new hospitals were very much needed," explains Barraclough. "We didn't have the capacity to care for our patients the way we wanted to in the old facilities." The old West Millard Hospital in Delta was 20 years old. It was built as a community project without state or financial aid, and because funds were limited, square footage was kept to a bare minimum. Ancillary and support departments suffered.

Even more critical in the decision to build the new facilities was the population growth and increased demand for services that resulted from the construction of the Intermountain Power Project near Delta, says Barraclough.

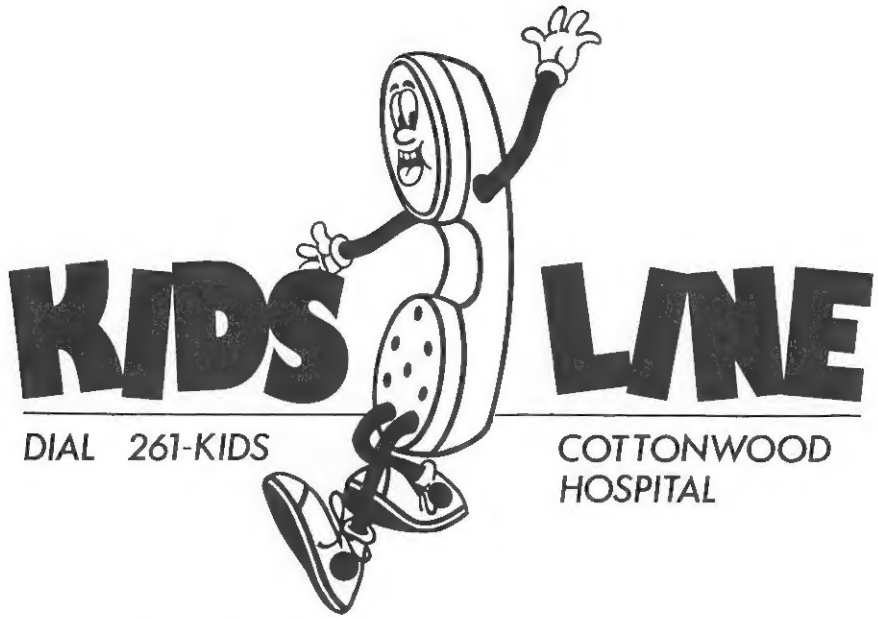
"The old Fillmore Hospital also desperately needed to be replaced," he says. Built in 1947, it was one of the oldest health care facilities in the state without major renovation. The facility's deteriorating condition limited the hospital's ability to meet the medical needs of the Fillmore community.

"In fact," says Barraclough, "the facility began to affect patients' selection of the hospital, and our ability to recruit community physicians and other health professionals.

"The new construction has corrected these deficiencies," he says. Each hospital has 20 beds, with one bed per room. The new rooms are modern and decorated in a home-like fashion. They are equipped with piped-in medical gases and showers.

All the patient care service areas in the new hospitals are much larger than in the old facilities.

"With these new facilities we'll be able to meet the requirements necessary for certification by the Joint Commission on Accreditation of Hospitals," adds Barraclough. "It's an achievement we've always strived for but couldn't reach because of our old facilities' physical conditions."



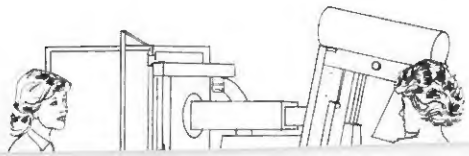
● **COTTONWOOD HOSPITAL** KIDS LINE, a 24-hour hot line children can call when they are home alone and need help making decisions, is a new service of the Center for Women's Health at Cottonwood Hospital Medical Center.

KIDS LINE was developed as a resource for the estimated 25,000 to 100,000 "latch key" children — children who are home alone after school or while their parents are at work — in the Salt Lake Valley. The hot line is staffed by full-time employees of the hospital trained to take the calls. In addition, a variety of medical professionals and social workers are available to answer questions for young callers.

If there is ever a question about an emergency, the police are called immediately.

In connection with KIDS LINE, the women's center offers a class called "Preparing Capable Kids," a three-hour program designed to help children become responsible and independent when they are home alone. Topics for the class include first aid and choking, crime prevention, household responsibilities, poison control, coping with emergencies and fire safety.

The class is open to children 9 years old and older. To pre-register call KIDS LINE (261-KIDS).



● **LDS HOSPITAL** New and improved. A phrase so commonly seen on grocery store shelves has a new home — LDS Hospital's new (and improved) mammography clinic. The mammography clinic opened in May to provide women with

John Schneider, actor and host of the Children's Miracle Network Telethon, visits with patients at Primary Children's Medical Center.

● **PRIMARY CHILDREN'S MEDICAL CENTER** Viewers in the Intermountain area pledged more than $275,000 during the Primary Children's Miracle Network Telethon this spring. The donations — a 40 percent increase over last year's total — will be used to provide charity care to children in our area.

Primary Children's was one of more than 100 children's hospitals from across the nation participating in the national telethon. Collectively the hospitals raised more than $27 million.

The minutes of the surgery department's meeting say only that "considerable discussion ensued." In fact, all hell broke loose.

pital. The sale opened a lively debate among the medical staff about the hospital's shift to for-profit status, but HCA officials gave assurances that there would be no changes in basic policy.

Nashville-based HCA embarked upon an aggressive development plan for the hospital, its first venture north of the Mason-Dixon Line. The administration recruited a number of specialists, including one who was to figure prominently in El-Issa's case: Manuel A. Cacdac, 43, a Philippine-born and educated neurosurgeon who'd finished his specialty training at Mount Sinai School of Medicine in New York City. In 1979 HCA brought in a new administrator, Donald D. Hamachek.

El-Issa claims that his troubles with Terre Haute Regional date from his first meeting with Hamachek, a social event at another doctor's home. "I warned Hamachek that Dr. Cacdac was doing hundreds of laminectomies every year, many times more than any neurosurgeon here has ever done, more than at any hospital in Indianapolis," El-Issa says. "I told him some of it had to be unnecessary surgery." Cacdac says Hamachek never told him about El-Issa's accusations.

El-Issa's criticisms didn't diminish Cacdac's status at the hospital. In fact, by 1980 Cacdac had become president of the medical staff and was the hospital's biggest admitter.

As it turned out, 1980 was also the year that questions were raised about El-Issa's privileges. In February he completed a one-week course in fiberoptic endoscopy and diagnostic laparoscopy in California. (He'd also taken a continuing education course in fiberoptic bronchoscopy at the University of Kentucky in 1979.) Upon his return from California he bought a $4,200 fiberoptic sigmoidoscope and asked for permission to use it at the hospital.

At a meeting of the surgery department in March 1980, El-Issa and three others were appointed by the chairman, ENT specialist Fred D. Drake, to develop criteria on endoscopy privileges. The committee recommended granting full privileges for the procedures to all board-certified surgeons training in endoscopy. The department then tentatively approved the criteria, subject to coordination with the department of medicine and approval by the staff's executive committee.

The meetings between the surgery and medicine departments over endoscopic privileges dragged on for months. Meanwhile, the hospital began its biennial review of medical staff appointments—but with a new approach. "In the past, a lot of people routinely applied for privileges to perform a laundry list of procedures they had no intention of doing," Drake says. "This time we wanted to clean things up. If a GP applied for tonsillectomies, for example, we'd ask if he really wanted to do them. Usually the answer was No."

The staff's executive committee voted to recommend that all ac-


"Winnah!"